Behested Payment Re	eport	A Public Do	cument RECEIVED	Behested Payment Report
Elected Officer or CPUC Member (Last name, First name)     Mayor Sam Liccardo			Date Stamp	California 803
Agency Name			2020 JAN 23 PM 12	For Official Use Only
City of San Jose			JR	
Agency Street Address				
200 E. Santa Clara, San J	ose, CA, 95113			
Designated Contact Person (Name and title, if different) Henry Smith			☐ Amendment (See Pa	art 5)
Area Code/Phone Number 4085354831	E-mail (Optional) henry.smith@s	anjoseca.gov	Date of Original Filing:	(month, day, year)
2. Payor Information (For a	dditional pavors, inclu	de an attachment with the nan	mes and addresses.)	
Greg Woock				
97 S. 2nd Street		San Jose	CA	95113
Address		City	State	Zip Code
3. Payee Information (For a	dditional pavees inclu	de an attachment with the na	mes and addresses.)	
Downtown Streets Team				
Name 1671 The Alameda		San Jose	CA	95126
Address		City	State	Zip Code
4. Payment Information (C				
Date of Payment:02/	08/18 day, year) ☑ Monetary Dona		(Round to whole	
Brief Description of In-Ki	2 32		·	
*	32			
Purpose: (Check one and provide			Dt 04t	aritable Feam for San Jose
Gateways	,	,		
5. Amendment Description	on and/or Com	ments		
,				
6. Verification				
I certify, under penalty of perju herein is true and complete.	ry under the laws of	the State of California, the	at to the best of my knowledge,	the information contained
1/22/2	0	Du Ja	H5	
Executed on	DATE	Ву	SIGNATURE OF ELECTED OFFICER OR CP	LIC MEMBER

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